

# Family Disaster Plan



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## Household Members

Household Members

Relation/Birth Date

Social Security Number


Pets

Pet License #

Vet name &amp; number


## Household Information

Home Address: \_\_\_\_\_

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

E-mail:1 \_\_\_\_\_

E-mail:2 \_\_\_\_\_

### Car Information:

Car 1: Make \_\_\_\_\_ / Model \_\_\_\_\_ / Year \_\_\_\_\_ / License # \_\_\_\_\_

Car 2: Make \_\_\_\_\_ / Model \_\_\_\_\_ / Year \_\_\_\_\_ / License # \_\_\_\_\_

Car 3: Make \_\_\_\_\_ / Model \_\_\_\_\_ / Year \_\_\_\_\_ / License # \_\_\_\_\_

## Emergency Numbers

### CALL 911 FOR EMERGENCY

Doctor # 1 \_\_\_\_\_

Doctor # 2 \_\_\_\_\_

Doctor # 3 \_\_\_\_\_

Fire Number \_\_\_\_\_

Police Number \_\_\_\_\_

Ambulance Number \_\_\_\_\_

Poison Control Number \_\_\_\_\_

Hospital Emergency Room Number \_\_\_\_\_

Name/Number \_\_\_\_\_

Name/Number \_\_\_\_\_

Name/Number \_\_\_\_\_

Name/Number \_\_\_\_\_

Name/Number \_\_\_\_\_

Name/Number \_\_\_\_\_

*Note: After a disaster, 911 may not be working. Use these numbers as you listed above.*

## Utility and Service Contacts

Organization Name Water/Sewer	Address	Contact
	Note	Phone
Organization Name Electric	Address	Contact
	Note	Phone
Organization Name Gas	Address	Contact
	Note	Phone
Organization Name Phone/cable	Address	Contact
	Note	Phone
Organization Name Home Medical	Address	Contact
	Note	Phone

## Insurance/Other Information

Name	Policy#/Other Information	Phone

### Family/Friends/Neighbors

Name	Address/Physical Location to Home	Phone	E-mail Address	Cell phone Number
		Hm./Wk. Phone		
		Hm./Wk. Phone		
		Hm./Wk. Phone		
		Hm./Wk. Phone		

*Note: Identify two neighbors. Agree to check on each other*

### Out-of-Area Contact #1

Name	Home Address	Home Phone	E-mail Address
	Work Address	Work Phone	Cell Phone Number

*Important: During disasters, use phone for emergencies only. Local phone lines may be tied up. Make one call out-of-area to report in. Let this person contact others.*

### Out-of-Area Contact #2

Name	Home Address	Home Phone	E-mail Address
	Work Address	Work Phone	Cell Phone Number

### Work, School, and Other Contacts

Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	

*Note: \*Disaster Procedures: Household members should know each other's disaster procedures for work, school, or other places where they spend time during the week.*





### Medication List

User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine

*Note: Keep on hand at least seven days of vital medications and supplies. Talk to doctor before storing medication or if you use two or more medications*

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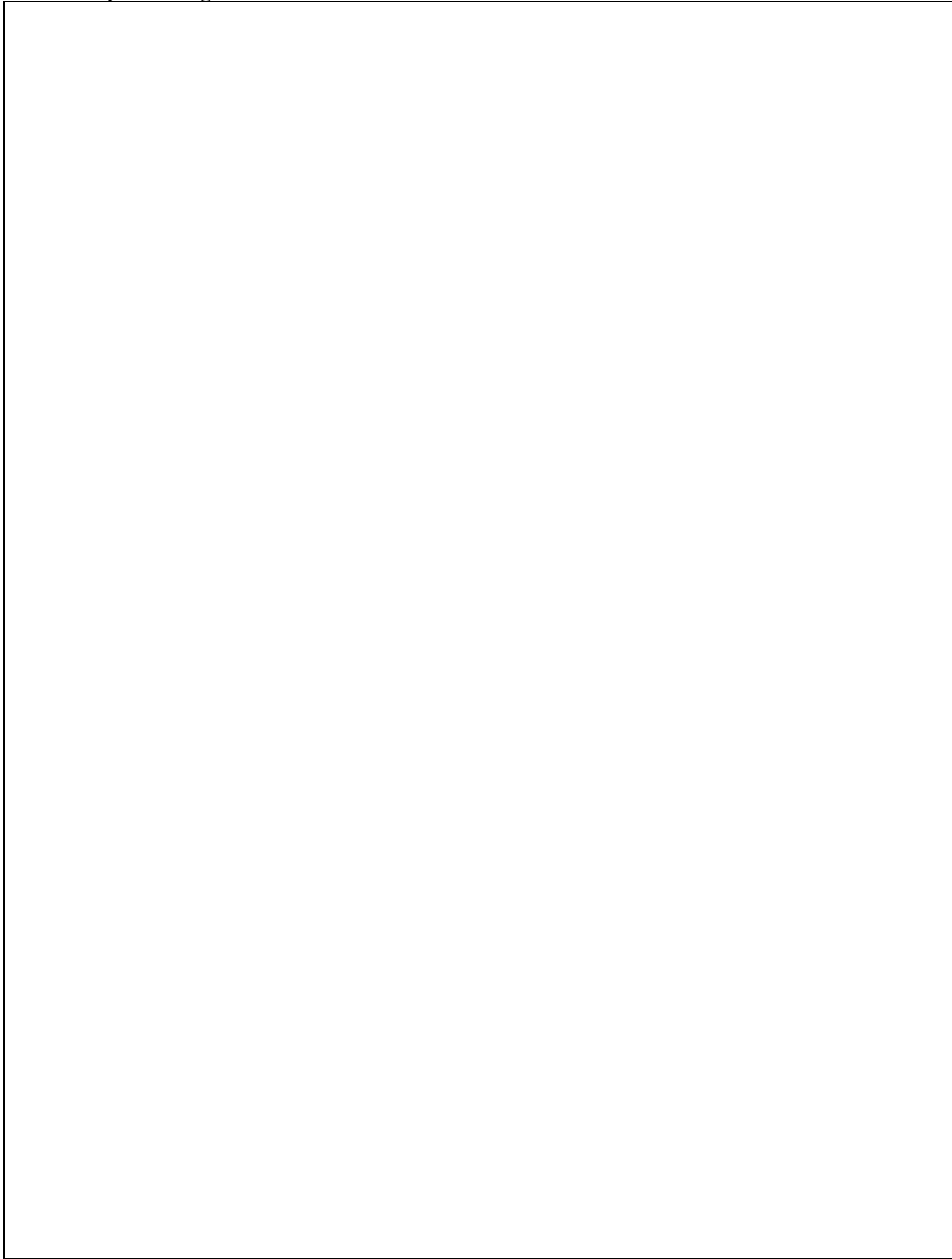
## Pharmacy/Doctors/Specialists

Pharmacist Name(s)	Pharmacy Name	Phone/Address
	Pharmacy Name	Phone/Address
Specialist Name	Area of Concern	Phone
	Organization	Address
Specialist Name	Area of Concern	Phone
	Organization	Address

Allergies to Medications	Person's Name	Person's Name
	Medication	Medication
Health/Disability Information		
Special Needs, Equipment, and Supplies		

*Note: Fill this and all sections out in pencil. Update regularly. If additional information is needed, tape or staple another sheet of paper.*

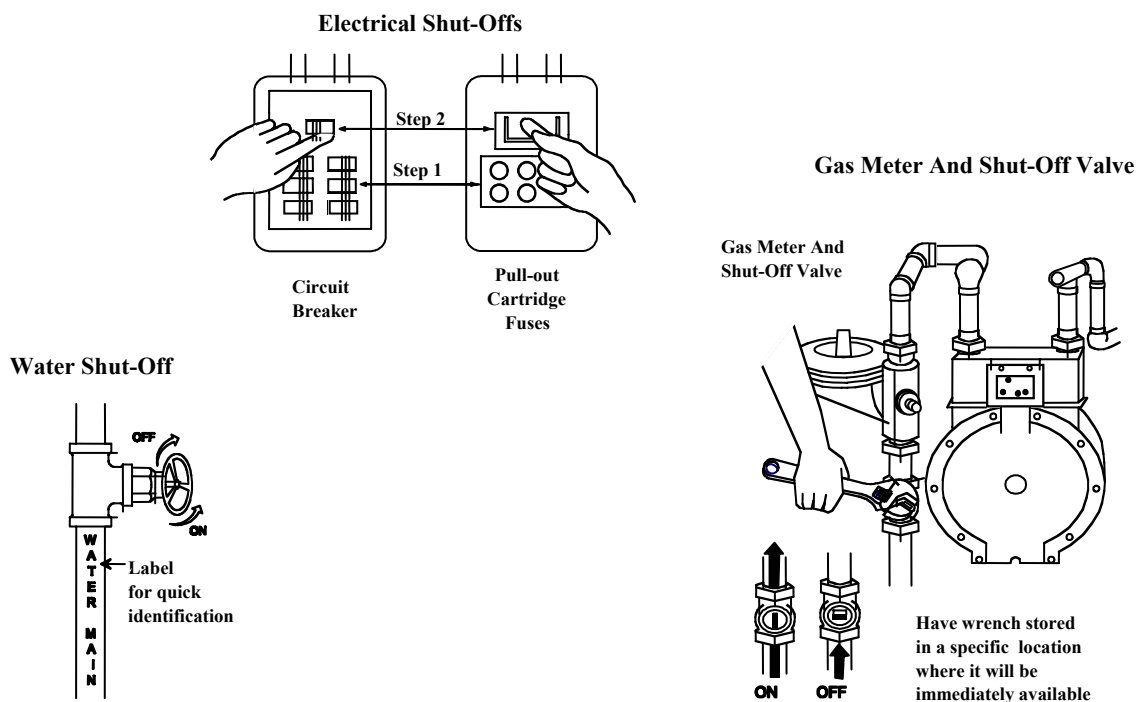
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*Home Layout/Diagram*

*Draw a layout of your home. Make sure you include locations of utility shutoffs and safety equipment like fire extinguishers, disaster supplies, etc.*

## Utility Control

Locate each of these utility control points in your home



### Electricity:

In the event that you need to turn off the electricity in your house, go to the breaker box and do the following:

1. Turn off smaller breakers one by one
2. Flip the "main" breaker last

To reenergize your home, reverse the steps above

### Water:

In the event you need to shut water off inside your home, find the main water valve and turn it to your right. To open the flow of water back into the house, turn it to your left.

### Gas:

**IMPORTANT** – Only turn off you gas at the meter if you smell gas!

To turn off natural gas in your house, take a wrench and tighten it on to the quarter turn valve that is on the pipe that feeds into the gas meter. Turn it one quarter turn to make the indicator parallel to the ground. In most locations, once you do this you cannot turn the gas back on to the house without the utility company.

**Propane:** If you live in an area that uses outdoor propane or LPG you will find this outside the home. Open the top of the tank and you will see either a regular turn knob or a quarter turn valve. Turn the knob to your right to shut off the flow of propane into your house. For quarter turn valve see above.